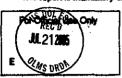
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U-	2. Fiscal Year Covered From:				
	01/01/2004 Through: 1/2/31/2004				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name Roy C BEAR	Name STEEIWORKERS				
,	Labor Organization File Number 048-137				
P.O. Box, Bkdg., Room No., if any	P.O. Box, Building and Room Number, if any P.O. Box 241				
Street 4825 Sunbright DR	Street				
CAY KINGSPORT	Cay Kinssport				
State TN ZIP Code + 4 37664-4845					
5. Position in labor organization. Financial Secretary					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
6. Name and address of Employer (including trade name, if any). Name Weyer hacuser Company					
	7.a. Nature of Interest, Transaction, or Income. Wages - Employee of Weyerhaeuser Company				
Name Weyer haeuser Company Trade Name, if any:					
Name Weyer heuser Company Trade Name, if any: P.O. Box, Bidg., Room No., if any					
Name Weyer haeuser Company Trade Name, if any:	WaGES - Employee of Weyerhaeuser Company				
Name Weyer heuser Company Trade Name, if any: P.O. Box, Bidg., Room No., if any	WaGES - Employee of Weyerhaeuser Company				
Name Weyer hacuser Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 100 CLinch Field ST	Wages - Employee of Weyerhaeuser Company 7.b. Amount.				
Name Weyer hacuser Company Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 100 Clinch field ST City KINGS PORT State TA/ ZIP Code + 4 37660	Wages - Employee of Weyerhaeuser Company 7.b. Amount.				
Name Weyer hacuser Company Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 100 Clinch field ST City KINGS PORT State 7N ZIP Code + 4 37660 Signature and verification. The undersigned declares, under penalty of	The Amount. 7.b. Amount. 7.b. Amount. 54, 053.74 Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)				
Name Weyer neuser Company Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 100 Clinch Field ST City KINGSPORT State 7N ZIP Code + 4 37660 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	The Amount. 7.b. Amount. 54, 053.74 Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the				

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Name of Person Filing		File Number U- 36	03		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street					
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.s. Nature of such dealing.				
Name					
Trade Name 2					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar value	of such dealing			
City	12.a. Nature of interest held		Personal Communication and Communication of the Com		
State ZIP Code + 4	MAPP-sale Claude de Giver à recolonité en marienne monte autre nouve en entre de l'autre en en				
<u> </u>					
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	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bidg., Room No., if any			v. et		
Street					
City					
State ZiP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Form LM-30 (2003)